LAYING A FOUNDATION FOR GETTING TO ZERO BASELINE REPORT

California's Integrated HIV Surveillance, Prevention, and Care Plan

California Department of Public Health
Center for Infectious Diseases
Office of AIDS

California's Vision:
A time when there are:
ZERO New HIV Infections;
ZERO AIDS-Related Deaths; and
ZERO Stigma and Discrimination
Against People Living With HIV

April 2018

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Introduction

The goal of the California Department of Public Health (CDPH) Office of AIDS (OA) *Laying A Foundation for Getting to Zero 2017 – 2021* Plan (the Plan) is to begin implementing the strategies and objectives necessary to enable California to "Get to Zero." The Plan defines "Getting to Zero" as**:**

- **Zero** new HIV infections
- **Zero** AIDS-related deaths
- **Zero** stigma and discrimination against people living with HIV (PLWH)

CDPH OA collaborated with partners to conduct the comprehensive California Needs Assessment in accordance with Health Resource Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) requirements. Goals and objectives were developed for the Plan based on input from community members, local public health partners, state partner programs that serve people living with and at risk for HIV, medical and non-medical providers, other stakeholders, and the requirements outlined by HRSA and CDC. OA published and submitted to HRSA and CDC the California Needs Assessment and the Plan in September 2016.

The four goals of the Plan are to:

1. Reduce new HIV infections in California.
2. Increase access to care and improve health outcomes for PLWH in California.
3. Reduce HIV-related disparities and health inequities in California.
4. Achieve a more coordinated statewide response to the HIV epidemic.

Twelve objectives were set to monitor California's progress toward these goals. This initial report presents expanded baseline data for these twelve objectives, integrating newly available information. For objectives based on HIV surveillance, data from 2014 and 2015 have been averaged to set baseline measures. Data from 2016 is also included for each objective. Annual targets are set for the years up to and including 2021. Many of the Plan objectives are measured using HIV surveillance data, which require one year of maturation until they are available to report. Therefore, there will usually be a 1 – 2 year lag in reporting on progress toward meeting the objectives. Data for 2017, year one of the five year Plan, is anticipated in late 2018 or early 2019.

In addition to reporting the new baseline measures for each objective, a description of other formative activities that took place in 2016 are included in this report. During this formative period, OA convened initial meetings with other departments within the State of California, including the Department of Health Care Services, Covered California, and the Department of Education. Additionally, each branch within OA began to modify programs, guidance, and funding to align with the goals and objectives of the Plan, and to communicate these modifications to their contractors and partners.

The report concludes with a summary of next steps planned to continue the progress to achieve the goals and objectives stated in the Plan in order to bring us closer to getting to zero.

Objectives

The Plan's twelve objectives were identified to monitor California's progress toward Getting to Zero. Each objective, with baseline measures and anticipated statewide annual targets, is described below. Baselines and annual targets are also set for the sub-objectives that are focused on addressing specific health disparities in sub-populations.

Objective 1: Increase the estimated percentage of Californians living with HIV who know their serostatus to at least 95 percent.

> **Objective 1a**: Increase the estimated percentage of Hispanic/Latinos, and persons 13-24 and 25-34 years old living with HIV who know their serostatus from the baseline of 83 percent to at least 95 percent.

Objective 1: Increase the estimated percentage of Californians living with HIV who know their serostatus to at least 95%

Jurisdiction/ Population	Baseline Measures			Annual Targets											
	2014	2015	2014/2015 Average	2016		2017		2018		2019		2020		2021	
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	87% (84%–91%)	87% (84% – 92%)	87%	88%		90%		91%		92%		94%		95%	
Hispanic / Latino	83% (78%–89%)	83% (77% – 90%)	83%	85%		87%		89%		91%		93%		95%	
13 – 24 years old	43% (40% – 47%)	47% (43% – 53%)	45%	53%		62%		70%		78%		87%		95%	
25 – 34 years old	72% (69% – 74%)	71% (68% – 74%)	71%	75%		79%		83%		87%		91%		95%	

Note: All estimates are given with 95% confidence intervals in parentheses.

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance System. Estimate generated using the 2015 CDC 'Back Calculation Method' for estimating undiagnosed HIV-infected persons.[1]

Objective 1 baseline data for California was calculated using the new CDC method of estimating the percentage of individuals unaware of their HIV infection; as a result, the new baseline is lower than was initially reported in the Plan. The baseline is the average of the data from 2014 and 2015, for an estimate of 87 percent of Californians living with HIV knowing their serostatus. This indicates a need for an 8 percent improvement by the end of 2021. The estimate of the percentage of Hispanic/Latino population of people living with HIV who know their serostatus has been notably lower than for California as a whole (83 percent). Youth and young adults have substantially lower levels of HIV awareness, with only an estimated 45 percent of 13 – 24 year olds and 71 percent of 25-34 year olds knowing their HIV serostatus. Despite the lower baseline estimates for these populations, the objectives are set for this population, demonstrating CDPH's commitment to eliminating the current disparity. Local health jurisdictions (LHJ) specific monitoring will be done for this objective.

Strategies identified to achieve the objective include:

- Strategy B: Increase and improve HIV testing,
- Strategy C: Expand partner services,
- Strategy M: Improve usability of collected data, and
- Strategy N: Enhance collaborations and community involvement.

[1] Hall HI, et al. Prevalence of Diagnosed and Undiagnosed HIV Infection--United States, 2008-2012. *MMWR Morb Mortal Wkly Rep.* 2015;64(24):657-662

Objective 2: Reduce the number of new HIV diagnosis in California by at least 50 percent, to fewer than 2,500 per year.

Objective 2a: Reduce the number of new HIV diagnosis in Californian Black/African American, Hispanic/Latino, and those 13 – 24 years of age by at least 50%.

Objective 2: Reduce the number of new HIV diagnoses in California by at least 50% to fewer than 2,500 per year																
	Baseline Measures			Annual Targets												
				2016		2017		2018		2019		2020		2021		
Jurisdiction/ Population	2014	2015	2014/2015 Average	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
California	5,002	4,948	4,975	4563	5,061	4150		3738		3325		2913		2500		
Black / African American	857	883	870	797	955	724		651		578		505		435		
Hispanic / Latino	2,207	2,167	2,187	2005	2,269	1823		1641		1459		1277		1094		
13 – 24 years old	954	1,005	980	898	976	816		734		652		570		490		

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance System

A 50 percent reduction from the average number of new HIV diagnosis in 2014 and 2015 defined the goal of fewer than 2,500 new HIV diagnoses in California by the end of 2021. Health disparities were identified within the Black/African American and Hispanic/Latino populations, and among those ages 13 – 24 years. The same objective of at least a 50 percent reduction is set for these populations. LHJ specific monitoring will be done for this objective.

Strategies identified to achieve the objective include:

- Strategy A: Improve utilization of pre-exposure prophylaxis (PrEP),
- Strategy C: Expand partner services,
- Strategy E: Improve retention in care,

- Strategy L: Increase general HIV education & awareness and reduce stigma around HIV, sexual orientation and gender identity,
- Strategy N: Enhance collaborations and community involvement, and
- Strategy O: Further leverage existing resources to better meet the needs of people at risk for and living with HIV in California.

Objective 3: Increase the number of Californians at high risk for HIV infection who are on PrEP to 60,000.

Objective 3a: Increase the number of Black/African American and Hispanic/Latino gay/MSM who are on PrEP to 11,000 and 20,000 respectively.

Objective 3: Increase the number of Californians at high risk for HIV infection who are on PrEP to 60,000												
	Baseline Measure			Annual Targets								
				2017		2018		2019		2020		2021	
Jurisdiction/ population	2015	2016	2015/2016 Average	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	8,097	10,388	9,243	19,000		30,000		40,000		50,000		60,000	
Black / African American gay / MSM	Unknown	Unknown	–	2,200		4,400		6,600		8,800		11,000	
Hispanic / Latino gay / MSM	Unknown	Unknown	–	4,000		8,000		12,000		16,000		20,000	

Source for baseline data: AIDSVu. (*AIDSVu PrEP Data*) PrEP utilization data for Black/African American and Hispanic/Latino gay, bisexual, and other men who have sex with men (MSM) were not available at the time of this report.

Source for ongoing monitoring: AIDSVu PrEP data.

Estimating the number of individuals on PrEP is difficult but a new baseline Objective 3 for 2016 was established using recently released PrEP utilization data from AIDSVu. Data on PrEP users provided by AIDSVu represent the number of unique persons who had at least one day in a calendar year of prescribed tenofovir [TDF]/emtricitabine [FTC] (TDF/FTC) for PrEP from multiple data sources. While there is currently no single data source that includes data on all unique users of PrEP across the U.S., the AIDSVu data set represents the most complete data set currently available.

The rate of HIV among Black/African American and Hispanic/Latino gay men, and preliminary data indicating disparities in PrEP use by race/ethnicity, prompted selecting and monitoring specific objectives for these two populations distinctly. AIDSVu PrEP data are not currently available by race/ethnicity; however, a way to monitor PrEP uptake in these populations in California is under development by OA.

LHJ specific monitoring cannot currently be done using AIDSVu data; other options for monitoring PrEP uptake at the LHJ level are being explored.

Strategies identified to achieve this objective include:

- Strategy A: Improve PrEP utilization,
- Strategy F: Improve overall quality of HIV-related care,
- Strategy G: Improve availability of HIV care,
- Strategy K: Increase and improve HIV prevention and support services for people who use drugs,
- Strategy L: Increase general HIV education & awareness and reduce stigma around HIV, sexual orientation, and gender identity, and
- Strategy O: Further leverage existing resources to better meet the needs of people at risk for and living with HIV in California.

Objective 4: Decrease the percentage of persons with new HIV diagnosis in California who are diagnosed with Stage 3 (AIDS) within 12 months of diagnosis (i.e., late diagnosis) to less than 17 percent.

Objective 4a: Decrease the percentage of persons with new HIV diagnoses in California infected through injection drug use, through heterosexual sex, or are 45 years of age or older who are diagnosed with Stage 3 (AIDS) within 12 months of diagnosis to less than 25 percent.

Objective 4: Decrease the percentage of persons with new HIV diagnosis in California that are diagnosed with Stage 3 (AIDS) within 12 months of diagnosis (i.e., late diagnosis) to less than 17%

Jurisdiction/ Population	Baseline Measures			Annual Targets											
	2014	2015	2014/2015 Average	2016		2017		2018		2019		2020		2021	
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	23%	21%	22%	22%	22%	21%		20%		19%		18%		17%	
People who inject drugs*	39%	27%	33%	32%	27%	30%		29%		28%		26%		25%	
Heterosexual persons	31%	28%	30%	29%	28%	28%		28%		27%		26%		25%	
45 years old and older	35%	35%	35%	33%	35%	32%		30%		28%		27%		25%	

* Excludes gay / MSM who also inject drugs

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance System

The baseline data for Objective 4 demonstrate that 22 percent of individuals receive the diagnosis of HIV later in disease progression. The objective is to reduce the number of individuals diagnosed with Stage 3 (AIDS) within one year of their initial diagnosis by at least five percent, or to less than 17 percent overall. Health disparities were identified among people infected through injection drug use, people infected through heterosexual sex, and among those 45 years of age and older. As shown, these populations have higher baseline percentages and the goal is to decrease the disparity. LHJ specific monitoring will be done for this objective.

Strategies identified to achieve this objective include:

- Strategy B: Increase and improve HIV testing,
- Strategy C: Expand partner services, and
- Strategy F: Improve overall quality of HIV-related care.

Objective 5: Increase the percentage of sexually active PLWH in care who are tested at least once a year for gonorrhea, syphilis, and chlamydia to at least 75 percent.

> **Objective 5a**: Increase the percentage of sexually active gay/MSM living with HIV who are tested at least once a year for gonorrhea, syphilis, and chlamydia to at least 90 percent. The higher goal for gay/MSM is based on the increased rates of STIs among gay/MSM and, in particular, high HIV/syphilis co-infection rates within this population.

Objective 5: Increase the percentage of sexually active PLWH in care who are tested at least once in a year for gonorrhea, syphilis, and chlamydia to at least 75%

Jurisdiction/ population	Baseline Measure			Annual Targets									
	2015	2016	2015/2016 Average	2017		2018		2019		2020		2021	
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	50%	Pending		55%		60%		65%		70%		75%	
Gay / MSM*	55%	Pending		62%		69%		76%		83%		90%	

* Excludes gay / MSM who also inject drugs

Source: California Medical Monitoring Project
*2016 MMP data were not available at the time of this report.

The initial baseline data from 2014 showed an estimated 57 percent of sexually active PLWH in care were tested for the three most common bacterial sexually transmitted infections (STI). However, revised baseline measures are being developed using more recent MMP data since the MMP methodology underwent a significant change in 2015. The objective for gay/MSM is higher than the overall objective due to the significantly higher rate of STI among gay, bisexual and other MSM. An objective of 90 percent screening at least once a year for gonorrhea, syphilis, and chlamydia is set for this population. Due to the estimate methodology used, it is not possible to develop LHJ-specific objectives.

Strategies identified to achieve this objective include:

- Strategy G: Improve availability of HIV care,
- Strategy H: Improve integration of HIV services with sexually transmitted diseases (STD), tuberculosis (TB), dental and other health services, and
- Strategy I: Improve case management for PLWH with high need.

Objective 6: Increase the percentage of newly diagnosed persons in California linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.

> **Objective 6a**: Increase the percentage of newly diagnosed women, Black/African Americans, Hispanic/Latinos, 13 – 24 year olds, and heterosexuals without identified high risk who are linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.

Objective 6: Increase the percentage of newly diagnosed person in California linked to HIV medical care within one month of their HIV diagnosis to at least 85%

Jurisdiction/ Population	Baseline Measures			Annual Targets											
	2014	2015	2014/2015 Average	2016		2017		2018		2019		2020		2021	
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	74%	72%	73%	75%	75%	77%		79%		81%		83%		85%	
Women	68%	67%	68%	71%	73%	74%		76%		79%		82%		85%	
Black / African American	66%	68%	67%	70%	67%	73%		76%		79%		82%		85%	
Hispanic / Latino	73%	69%	71%	73%	75%	76%		78%		80%		83%		85%	
13 - 24 years old	70%	70%	70%	73%	73%	75%		78%		80%		83%		85%	
Heterosexual (non-high risk) persons	63%	62%	63%	67%	71%	70%		74%		78%		81%		85%	

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance System

The baseline data indicates that 73 percent of all newly diagnosed persons were linked to medical care within one month of their HIV diagnosis. Health disparities were identified among women, Black/African American, Hispanic/Latino, persons aged 13 – 24 years old, and heterosexual (non-high risk) persons living with HIV. While their baselines are lower, the

same annual targets and objectives are set for these populations to eliminate these disparities within five years. LHJ specific monitoring will be done for this objective.

Strategies identified to achieve this objective include:

- Strategy D: Improve linkage to care,
- Strategy G: Improve availability of HIV care,
- Strategy N: Enhance collaborations and community involvement, and
- Strategy O: Further leverage existing resources to better meet the needs of people at risk for and living with HIV in California.

Objective 7: Increase the percentage of Californians newly diagnosed with HIV who are virally suppressed within six months of diagnosis to at least 75 percent.

> **Objective 7a**: Increase the percentage of newly diagnosed people infected through injection drug use, those 13 to 24 years old, transgender, Black/African American, and American Indian/Alaska Native persons who are virally suppressed within six months of diagnosis to at least 75 percent.

Objective 7: Increase the percentage of Californians newly diagnosed with HIV who are virally suppressed within six months of diagnosis to at least 75%

Jurisdiction/ Population	Baseline Measures			Annual Targets											
	2014	2015	2014/2015 Average	2016		2017		2018		2019		2020		2021	
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	48%	53%	51%	55%	57%	59%		63%		67%		71%		75%	
People who inject drugs*	39%	48%	44%	49%	51%	54%		59%		65%		70%		75%	
13 - 24 years old	40%	50%	45%	50%	52%	55%		60%		65%		70%		75%	
Transgender persons	42%	55%	49%	53%	57%	58%		62%		66%		71%		75%	
Black / African American	40%	49%	45%	50%	50%	55%		60%		65%		70%		75%	
American Indian / Alaska Native	36%	29%	33%	40%	43%	47%		54%		61%		68%		75%	

* Excludes gay / MSM who also inject drugs

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance System

The combined 2014 and 2015 baseline data indicates that 51 percent of persons newly diagnosed with HIV in California were virally suppressed within six months of diagnosis. Health disparities were identified among people infected through

injection drug use, persons aged 13 -24 years old, transgender persons, Black/African American, and American Indian/Alaska Native populations of people living with HIV. While their baselines are lower, the same objectives are set for these populations. LHJ specific monitoring will be done for this objective.

Strategies identified to achieve this objective include:

- Strategy D: Improved linkage to care,
- Strategy E: Improved retention in care,
- Strategy F: Improved overall quality of HIV-related care,
- Strategy G: Improved availability of HIV care, and
- Strategy O: Further leverage existing resources to better meet the needs of people at risk for and living with HIV in California

Objective 8: Increase the percentage of Californians with diagnosed HIV infection who are virally suppressed to at least 80 percent.

Objective 8a: Increase the percentage of Black/African American, American Indian/Alaska Native, Hispanic/Latino, Transgender, 13 to 24 years old, and those infected through injection drug use diagnosed with HIV who are virally suppressed to at least 80 percent.

Objective 8: Increase the percentage of Californians with diagnosed HIV infection who are virally suppressed to at least 80%

Jurisdiction/ Population	Baseline Measures			Annual Targets											
	2014	2015	2014/2015 Average	2016		2017		2018		2019		2020		2021	
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	57%	61%	59%	63%	61%	66%		70%		73%		77%		80%	
Black / African American	49%	53%	51%	56%	55%	61%		65%		70%		75%		80%	
American Indian / Alaska Native	48%	52%	50%	55%	53%	60%		65%		70%		75%		80%	
Hispanic / Latino	54%	58%	56%	60%	58%	64%		68%		72%		76%		80%	
Transgender persons	51%	56%	54%	58%	57%	63%		67%		71%		76%		80%	
13 - 24 years old	45%	50%	48%	53%	52%	59%		64%		69%		75%		80%	
People who inject drugs*	45%	50%	48%	53%	51%	59%		64%		69%		75%		80%	

* Excludes gay / MSM who also inject drugs

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report — 2015

As of 2015, 59 percent of Californians living with HIV are virally suppressed. Health disparities were identified within the populations of Black/African Americans, American Indian/Alaska Natives, Hispanic/Latinos, transgender, persons aged 13 – 24 years old, and within non-gay/MSM people infected through injection drug use. While their baselines are lower, the same objectives are set for these populations. LHJ specific monitoring will be done for this objective.

Strategies identified to achieve this objective include:

- Strategy D: Improved linkage to care,
- Strategy E: Improved retention in care,
- Strategy F: Improved overall quality of HIV-related care,
- Strategy G: Improved availability of HIV care, and
- Strategy O: Further leverage existing resources to better meet the needs of people at risk for and living with HIV in California.

Objective 9: Increase the percentage of Californians with diagnosed HIV infection who are in HIV medical care (at least one visit per year) to at least 90 percent.

Objective 9a: Increase the percentage of people infected through injection drug use, heterosexuals (non-high risk), and American Indians/Alaska Natives diagnosed with HIV who are in HIV medical care to at least 90 percent.

Objective 9: Increase the percentage of Californians with diagnosed HIV infection who are in HIV medical care (at least one visit per year) to at least 90%

Jurisdiction/ Population	Baseline Measures			Annual Targets											
	2014	2015	2014/2015 Average	2016		2017		2018		2019		2020		2021	
				Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	71%	72%	72%	75%	73%	78%		81%		84%		87%		90%	
People who inject drugs*	62%	64%	63%	68%	65%	72%		77%		81%		86%		90%	
Heterosexual (non-high risk) persons	63%	66%	65%	69%	67%	73%		77%		82%		86%		90%	
American Indian / Alaska Native	65%	67%	66%	70%	64%	74%		78%		82%		86%		90%	

* Excludes gay / MSM who also inject drugs

Source: California HIV Surveillance System

The combined baseline of 72 percent was established from 2014 and 2015 data. The definition of being in care used for this objective was selected because of the increasing number of PLWH in California who have sustained viral suppression

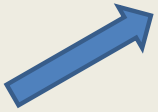
and a high CD4 count, such that providers determine that annual clinical monitoring is sufficient. The identified health disparity sub-objectives were added since the original release of the Plan. LHJ specific monitoring will be done for this objective.

Strategies identified to achieve this objective include:

- Strategy D: Improved linkage to care,
- Strategy G: Improved availability of HIV care,
- Strategy I: Improved case management for PLWH with high need,
- Strategy J: Increased rates of insurance/benefits coverage for PLWH or on PrEP,
- Strategy M: Improved usability of collected data, and
- Strategy N: Enhanced collaborations and community involvement.

Objective 10: Increase the percentage of California ADAP clients with public or private health insurance to at least 85 percent.

Data are currently being analyzed to determine if any sub-objectives to address health disparities are needed.

Objective 10: Increase the percentage of Californian ADAP clients with public or private health insurance to at least 85%																
	**Baseline Measures**			**Annual Targets**												
				FY 16/17		FY 17/18		FY 18/19		FY 19/20		FY 20/21		FY 21/22	
Jurisdiction/ population	FY 14/15	FY 15/16	**FY14/15 & FY15/16 Average**	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	53%	57%	55%	60%	55%	65%		70%		75%		80%		85%	

Source: AIDS Drug Assistance Program (ADAP). Data reported for FY beginning in July.

Data from FY14/15 and FY15/16 indicates that an average of 55 percent of California ADAP clients had public or private health insurance in that two-year period. The goal is to increase insurance coverage among ADAP clients by at least 30 percent by the end of the 2021.

Strategies to achieve this objective include:

- Strategy I: Improve case management for PLWH with high need,
- Strategy J: Increase rates of insurance/benefits coverage for PLWH or on PrEP,
- Strategy M: Improved usability of collected data, and
- Strategy N: Enhance collaborations and community involvement.

Objective 11: Reduce the percentage of Californians with diagnosed HIV infection who are homeless to less than 5 percent.

Due to the source of the data, it was not possible to examine this objective by sub-population.

Objective 11: Reduce the percentage of Californians with diagnosed HIV infection who are homeless to less than 5%													
	Baseline Measures			Annual Targets									
				2017		2018		2019		2020		2021	
Jurisdiction/ population	2015	2016	2015/2016 Average	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
California	12%	Pending		10%		9%		7%		6%		5%	

Source: California Medical Monitoring Project.
*2016 MMP data were not available at the time of this report.

Data from 2014 indicates 12 percent of Californians diagnosed with HIV who are in care were homeless. The Medical Monitoring Project has expanded data collection such that future data should be representative of both Californians living with HIV not in HIV care as well as those in HIV care.

Homelessness is only one condition in the cluster that defines housing insecurity. OA is working toward collecting data that will more consistently measure housing insecurity on an annual basis and can be monitored by LHJ.

Strategies identified to achieve this objective include:

- Strategy F: Improve overall quality of HIV-related care,
- Strategy I: Improve case management for PLWH with high need,
- Strategy M: Improve usability of collected data, and
- Strategy N: Enhance collaborations and community involvement.

Objective 12: Reduce the age-adjusted death rate among Californians with diagnosed HIV infection to less than 650 per 100,000 persons per year.

The data is currently being analyzed to determine if any sub-objectives to address health disparities are needed.

Objective 12: Reduce the age-adjusted death rate among Californians with diagnosed HIV infection to less than 650 per 100,000 persons per year																	
	Baseline Measures			**Annual Targets**													
				2016		2017		2018		2019		2020		2021			
Jurisdiction/ Population	2014	2015	2014/2015 Average	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual		
California	1132	1057	1095	1021	1063	947		873		800		725		650			

Source: California HIV Surveillance System, California Department of Finance population estimates

The 2014 and 2015 combined average for age-adjusted death rate among Californians with diagnosed HIV infection was 1,095 per 100,000 persons per year. This rate is slightly higher than what was initially reported in the Plan since recent updates to the California HIV Surveillance System increased the completeness of vital status data. This objective monitors the age-adjusted death rate for PLWH in California, and sets the objective at an age-related death rate similar to that for all Californians. It demonstrates a commitment to get to zero AIDS-related deaths. LHJ specific monitoring will be done for this objective.

Strategies identified to achieve this objective include:

- Strategy D: Improved linkage to care,
- Strategy G: Improved availability of HIV care,
- Strategy F: Improve overall quality of HIV-related care,
- Strategy G: Improved availability of HIV care,

- Strategy H: Improved integration of HIV services with STD, TB, dental, and other Strategy health services,
- Strategy I: Improved case management for PLWH with high need, and
- Strategy O: Further leverage existing resources to better meet the needs of people at risk for and living with HIV in California.

2016 Activities related to the Plan Strategies

The following is a summary of CDPH and OA activities, including partnerships with other state Departments, during 2015 and 2016 in California that were related to making progress toward the 2021 objectives of the Plan. Activities are organized by the fifteen strategies laid out in the Plan.

Strategy A: Improve PrEP Utilization

- Continued work on Strategic Prevention projects with four contractors who are working with young gay/MSM of color, transgender women, and other high-risk populations to reduce new infections, link people living with HIV to care, and link those at high risk to PrEP.
    - Also supports Strategy D: Improve Linkage to Care.
- Initiated the CDC PrEP funded grant, Project PrIDE (grant # 15-1506) for San Diego, Orange, Riverside and Alameda counties in January 2016. A contract with Desert AIDS Project in Riverside County started in July 2015.
    - Los Angeles and San Francisco also received 15-1506 funding directly from CDC.
- Funded PrEP navigators at nine sites throughout California.
    - Also supports Strategy H: Improve Integration of HIV Services with STD, TB, Dental, and Other Health Services, Strategy J: Increase Rates of Insurance/Benefits for PLWH or on PrEP, and Strategy L: Increase General HIV Education & Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity.
- Received legislative authority to establish a state PrEP Assistance Program, improving access to PrEP for low-income Californians at risk of HIV infection.
    - Also supports Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP.
- Worked with the California Health Interview Survey (CHIS) to add questions to the survey that collect statewide population-based data on gender expression, and on PrEP use and HIV testing.
    - Also supports Strategy B: Increase and Improve HIV Testing.
- Provided partner services capacity building training to all OA prevention funded health jurisdictions, including how to refer high-risk HIV-negative persons to PrEP services.
- Collaborated with and provided funding for PleasePrEPMe.org, to ensure that an online database of PrEP providers throughout California will be maintained on an ongoing basis.

Strategy B: Increase and Improve HIV Testing

- Provided technical assistance to the 20 LHJs with the highest HIV burden, representing 95 percent of PLWH in California, excluding Los Angeles and San Francisco Counties, to implement lab-based 4th generation testing. This testing can identify persons with acute HIV infection, allowing rapid linkage to care.
- Trained the 20 LHJ jurisdictions conducting Focused Testing (previously called Targeted Testing) to use the Alere Determine test to identify persons with HIV infection earlier and link them to care. San Francisco and Los Angeles also initiated similar trainings in their jurisdictions.
- Funded Piccolo analyzer equipment to allow point of care testing of creatinine in order to allow earlier initiation of PrEP.
    - Also supports Strategy D: Improved Linkage to Care, and Strategy F: Improve Overall Quality of HIV-Related Care.
- Continued shifting resources from focused testing programs yielding low identification of newly identified HIV-positive individuals to partner service programs, which have demonstrated greater yield in identifying new HIV-positive individuals.
- Expanded the number of primary health care clinics and emergency departments that conduct routine HIV testing for all patients aged 13 to 64 years, as recommended by the CDC.
- Held a statewide conference titled *Routine HIV Testing in Jails*: *A Network of Opportunity* that provided a means to collaborate on strengthening HIV testing and services in jails.

Strategy C: Expand Partner Services

- Utilized the Preventive Health and Health Services Block Grant to support:
    - Two specialists for policy development and program implementation of surveillance based partner services, located in Alameda and Orange Counties,
    - One disease intervention specialist to conduct partner services utilizing surveillance data, located in San Diego county, and a staff position at the CDPH STD Control Branch to mentor DIS staff on surveillance based partner services and PrEP navigation.
- Provided partner services capacity building training to all prevention funded health jurisdictions, including how to refer high-risk HIV-negative persons to PrEP services.
    - Also supports Strategy A: Improve PrEP Utilization, Strategy D: Improve Linkage to Care, and Strategy E: Improve Retention in Care.

Strategy D: Improve Linkage to Care

- Changed state regulations around disease reporting to require laboratories and ordering heath care providers to notify an LHJ by telephone within one business day of identifying a suspected acute HIV infection.
    - Also supports Strategy M: Improve Usability of Collected Data.
- Initiated a 'Data to Care' pilot project which provided pilot LHJs with lists of PLWH who were out of care; the project was designed to facilitate more effective linkage to and re-engagement in care activities.
    - Also supports Strategy E: Improve Retention in Care, and Strategy M: Improve Usability of Collected Data.

Strategy E: Improve Retention in Care:

- Developed the Housing Plus Project (HPP) as a targeted intervention to engage and retain clients in HIV care and treatment, and achieve and maintain viral suppression. In order to maximally influence health inequities, the project funds four counties that have high percentages of HCP clients of color who are in unstable or temporary housing situations. HPP provided short-term housing assistance to HIV-positive clients, and served approximately 190 clients in the four participating counties during 2016.

Strategy F: Improve Overall Quality of HIV-Related Care:

- Implemented a pilot project focusing on three-site STI testing (oral, anal, and pharyngeal) among gay/MSM clients receiving care at Ryan White Part B clinics to address the significant rates of STIs that go undetected when comprehensive testing is not done.
    - Also supports Strategy H: Improve Integration of HIV Services with STD, TB, Dental, and Other Health Services.
- Initiated collaborative project with Medi-Cal (California's Medicaid program) to monitor viral suppression rates among Medi-Cal enrollees diagnosed with HIV infection. Fact sheets were posted on the OA Website.
    - Also supports Strategy M: Improve Usability of Collected Data, Strategy N: Enhance Collaborations and Community Involvement, and Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California.
- Initiated a clinical quality management/quality improvement activity to respond to the identified disparity of viral suppression rates among Ryan White clients ages 18 to 24 years.
    - Also supports Strategy M: Improve Usability of Collected Data.
- Completed and submitted the AIDS Waiver Renewal Application for the 2017 – 2021 AIDS Medi-Cal Waiver Program, ensuring comprehensive, quality HIV-related care through case management and coordination of direct care services

for clients with complex needs, and serves as an alternative to nursing facility care or hospitalization.
    - Also supports Strategy I: Improve Case Management for PLWH with High Need, Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP, and Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California.
- Implemented the OA Health Insurance Premium Payment (HIPP)/Covered California medical out-of-pocket expenses program to better support access to health care for Californians diagnosed with HIV infection.

Strategy G: Improve Availability of HIV Care

- California Health and Safety Code Section 120955 (i) was amended to allow payment of insurance premiums, copays, and deductibles for individual with private insurance, including those with employer based insurance when it results on a cost savings to the state.
    - Also supports Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP.
- Initiated work to expand services to pay employer based insurance premiums for eligible ADAP clients, starting spring 2018.

Strategy H: Improve Integration of HIV Services with STD, TB, Dental, and Other Health Services

- Educated HIV Care Program (HCP) and Minority AIDS Initiative (MAI) contractors about the process for requesting additional funds mid-year and how the funds can be utilized to provide other health services.
    - Also supports Strategy I: Improve Case Management for PLWH with High Need.
- Added additional tuberculosis treatment drugs to the ADAP formulary.
- Added additional hepatitis C treatment drugs to the ADAP formulary.
- Collaborated with STD Control Branch to increase referral to PrEP throughout the state.
- Continued to expand the use of CalREDIE, the statewide surveillance system for infectious diseases, to more effectively collect HIV surveillance data, and monitor HIV infection and co-morbidities.
    - Also supports Strategy M: Improve Usability of Collected Data.
- Added the 9-valent human papillomavirus (HPV) vaccine to the ADAP formulary, making it accessible to ADAP clients between the ages of 18 and 26 years as recommended in the federal Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV Infected Adults and Adolescents.

- Removed the meningococcal vaccine prior authorization requirement in ADAP to facilitate better vaccination rates for HIV-positive persons over 2 months of age, with specific focus on gay men due to increased incidence of meningococcal meningitis.
- Supported the consolidation of the California Conference of Local AIDS Directors and the California Sexually Transmitted Disease (STD) Controllers Association into the *California STD/HIV Controllers Association*. The consolidation reflects a combined effort to create a vibrant association with a common mission to reduce STD and HIV transmission, and ensure high quality prevention and care services for all Californians who are vulnerable or living with HIV.
    - Also supports Strategy N: Enhance Collaborations and Community Involvement, and Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California.
- Met with the Department of Health Care Services Mental Health & Substance Use Disorder Services to discuss coordination of services, including HIV testing, maintaining HIV care while in drug treatment, and other activities that identify newly diagnosed HIV individuals, linking and retaining PLWH receiving substance use disorder services in care, and providing PrEP for those individuals not infected but at high risk for HIV exposure.
    - Also supports Strategy I: Improve Case Management for PLWH with High Need, Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs, and Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California.

Strategy I: Improved Case Management for PLWH with High Need

- See Next Steps: ADAP Access and Adherence Navigation Program.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

- Established regular processes to inform ADAP-only clients of their Covered California health care options and how to apply.
- Initiated regular communications to OA-HIPP clients who are already enrolled in a Covered California health plan about Covered California's renewal process and subsequent OA-HIPP requirements.
- Launched a process by which ADAP could pay medical out-of-pocket claims for clients receiving premium assistance for commercial and Medicare Part D plans.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

- Requested a Determination of Need seeking CDC approval to use federal funds to support syringe services programs; the request was approved. CDC agreed with OA's conclusion that California is at risk for increases in HIV and/or HCV among people who inject drugs.
- Administered the Syringe Exchange Certification Program, which allows Syringe Services Programs (SSP) to apply directly to CDPH for authorization to operate.
- Requested a new OA technical assistance position focused on increasing the number of SSPs in the state.
- Established a Syringe Exchange Supply Clearinghouse, which provides supplies to California SSPs in order to enhance the health and wellness of people who inject drugs.
- Through the Clearinghouse, established a mechanism for SSPs to obtain naloxone, the overdose-reversal medication, free of charge.
- Collaborated with the CDPH Office of Viral Hepatitis Prevention (OVHP) to alert affected LHJs to increases in rates of chronic hepatitis C among people under the age of 30 in their jurisdictions.
- Collaborated with the OVHP and Department of Health Care Services to include HIV and HCV testing requirements in the "Hub and Spoke" medication-assisted treatment expansion grant that expands buprenorphine and methadone access throughout the state.
    - Also supports: Strategy A: Improve PrEP Utilization; Strategy B: Increase and Improve HIV Testing; Strategy D: Improve Linkage to Care; Strategy H: Improve Integration of HIV Services with STD, TB, Dental, and Other Health Services; Strategy N: Enhance Collaborations and Community Involvement; and Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California.

Strategy L: Increase General HIV Education & Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity

- The Department of Education, Office of AIDS, and the STD Control Branch collaboratively developed a "Train the Trainer" curriculum for teachers to increase the effectiveness of teaching sexual health, including sexually transmitted infections and HIV.

Strategy M: Improve Usability of Collected Data

- Expanded the ability for laboratories to report HIV data electronically, increasing the speed in which laboratory results are received by OA and LHJs as well as increasing accuracy of the data received.
- Released local Continuums of HIV Care to each LHJ that can be used in local program planning and monitoring.

Next Steps

Ongoing work on all strategies continued in Year 1 and 2 of the Plan (2017 and 2018). Specific activities that further advanced progress on reaching Plan objectives include:

- Local health jurisdictions will be provided data on each objective that is specific to their jurisdiction in order to support awareness, planning, and tracking progress toward those objectives.
- Through a series of webinars, conferences, and site visits, CDPH OA staff will discuss the Plan and the specific objectives with each LHJ during years one and two (2017 – 2018) of the Plan.
- The Care Branch Clinical Quality Management Committee will implement a quality improvement activity to increase the rates of viral suppression among PLWH ages 18 to 24 years.
- Funding will be reserved to provide Basic Counseling Skills Training to staff from five non-OA prevention funded jurisdictions.
- The Care Branch will continue to develop and implement of Standards of Care for Ryan White Part B contractors.
- Program policies and procedures for the California PrEP Assistance Program are being developed; the program will be available to both insured and uninsured individuals in spring 2018.
- ADAP is implementing an Access and Adherence Navigation Program to increase the number of ADAP clients enrolled in comprehensive health coverage and to achieve and maintain viral load suppression among ADAP clients.
- The ADAP Branch will expand its services to pay employer-based insurance premiums for eligible ADAP clients starting spring 2018.
- The Community Planning Group's Housing Subcommittee will be convened to begin development of a California housing plan for PLWH; the final version of the housing plan is due by the end of Year 3 (2019).
- The OA Implementation Specialist will participate in a CDPH-wide work group to develop more effective ways to address health inequities.
- An OA staff member has been appointed to the Department of Education's Adolescent Sexual Health Work Group Steering Committee, which increases collaboration on Strategies L, Increase general HIV education and awareness

and reduce stigma around HIV, sexual orientation, and gender identity, and Strategy N, Enhance collaborations and community involvement.

- Work on genetic cluster analysis of HIV will continue. This will assist in the development and implementation of a process for detecting HIV outbreaks and development of a statewide HIV outbreak response plan.
- Through the Clearinghouse, participating SSPs may order test strips as a tool to determine if fentanyl (a primary cause of opiate overdose and death) is present in street drugs.
- The HIV Prevention and Surveillance Branches together with LHJs will implement the new CDC integrated prevention-surveillance grant. The grant prioritizes data-driven planning and activities for HIV prevention.
- CDPH OA will collaborate with the California Department of Health Care Services to create a continuum of care by Medi-Cal managed care plan for Medi-Cal recipients living with HIV, and utilize other surveillance activities to monitor Medi-Cal recipients living with HIV.
- CDPH OA will continue to monitor progress toward all twelve objectives, routinely provide feedback to local health jurisdictions, and provide technical assistance as needed when goals are not being met.